

# NDP051: THE ROLE OF SUB-CLINICAL PROSTATITIS ON BPH/LUTS PATIENTS

Kuan-Yu Wu, Yuh-Shyan Tsai, Hong-Lin Cheng, Chien-Hui Ou, Wen-Horng Yang, Tzong-Shin Tzai. *Department of Urology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan*

**Purpose:** Subclinical prostatitis is a common finding in transrectal ultrasound (TRUS) biopsy specimens. In this study, we tried to compare the difference between BPH and subclinical prostatitis.

**Materials and Methods:** From January 2013 to July 2015, total 125 patients underwent 12-core prostate biopsy because of elevated PSA levels ( $>4$  ng/ml) or abnormal rectal examination. All of them received PSA, rectal examination, maximum flow rate, voiding volume, PSA density, TZ index, IPSS score, and quality of life questionnaires. We used unpaired t test and Fisher test to compare the remaining mentioned above.

**Results:** After histopathological evaluation, 91 patients (72.8%) were diagnosed with BPH, while asymptomatic prostatitis and BPH were detected in 34 patients (27.2%). Men with asymptomatic prostatitis exhibited higher PSA density (0.26 vs. 0.17,  $p = 0.002$ ) and lower quality of life ( $p = 0.0428$ ) than men with BPH. Contrastively, no significant difference was observed between PSA, size of prostate, maximum flow rate, voiding volume, and total IPSS score.

**Conclusion:** Subclinical prostatitis patients experienced deteriorated quality of life compared to BPH patients.

# NDP052: LUPUS CYSTITIS PRESENTING WITH LOWER URINARY TRACT SYMPTOMS: A CASE REPORT

Kai-Yi Tzou, Yin-Ting Liu, Chi-Yun Lan, Su-Wei Hu, Chia-Chang Wu, Kuan-Chou Chen. *Department of Urology, Taipei Medical University-Shuang Ho Hospital, New Taipei, Taiwan*

Hemorrhagic cystitis is a rare manifestation of systemic lupus erythematosus (SLE), but potentially life-threatening complication. We report a 45-year-old man with newly diagnostic SLE who suffered from irritative lower urinary tract symptoms and gross hematuria. Cystoscopy revealed severe diffuse inflammation, erythema and hemorrhage at the trigone with punctate extensions to the posterior wall. Severe hemorrhagic cystitis were diagnosed. Initially, he received medical treatment, frequent red blood cell and platelet transfusions, continuous bladder irrigation, electrocoagulation and blood clots evacuation. After he was treated with prednisone, his symptoms and cystoscopy findings improved.

# NDP053: EJACULATORY DUCT OBSTRUCTION: A CASE REPORT AND REVIEW OF THE LITERATURE

Chih-Yin Yeh, Guang-Dar Juang. *Division of Urology, Department of Surgery, Shin Kong WHS Memorial Hospital, Taiwan*

Ejaculatory duct obstruction (EDO) presents with infertility, pain, or hematospermia. Etiologically it can be either congenital or acquired. The diagnosis of EDO mainly depends on history, physical examination and semen analysis. The semen of EDO patients is characterized by low ejaculate volume, oligospermia or azospermia. Transrectal ultrasound has replaced formal vasography as the first-line diagnostic test but is not specific. Transurethral resection of the ejaculatory ducts (TURED), as the standard surgical method of treatment for EDO, and is effective for most of the patients.

We present a 65 year-old male suffered from ejaculatory pain with low or no semen volume for more than 10 years. Post-ejaculation pain was chief complained and beading vas was palpable on physical examination. He also complained of suprapubic pain or orchialgia occasionally. Transrectal ultrasound revealed dilated right ejaculatory duct with cystic formation just in the verumontanum and dilated both seminal vesicles. Magnetic resonance imaging (MRI) showed ejaculatory duct obstruction and seminal vesicle enlargement. TURED revealed the dilated ejaculatory duct orifice and cyst cavity below the verumontanum. Large amount of semen-

like fluid flew from the ejaculatory duct during operation. The pain on ejaculation disappeared following treatment. The literature will be reviewed.

# NDP054: CASE REPORT: A GIANT ATONIC BLADDER WITH MORE THAN 5000ML IN VOLUME

Yi-Bo Chu<sup>1</sup>, Te-Fu Tsai<sup>1,2</sup>, Thomas I.S. Hwang<sup>1,2</sup>. <sup>1</sup> *Division of Urology, Department of Surgery, Shin Kong WHS Memorial Hospital, Taiwan;* <sup>2</sup> *School of Medicine, Fu-Jen Catholic University, Taiwan*

The urinary bladder is a structure with autonomic nerve innervation for the empty function. Multiple conditions will affect the function, like old age, spinal cord injury, infection, and bladder outlet obstruction. The detrusor muscle become hypocontractile and fail to empty. However, the certain pathogenesis is unknown. Urinary retention is a common sign in the patients with hypotonic bladder. We present a 65-year-old male with asymptomatic giant atonic bladder who only complained with abdominal fullness. The CT revealed an enlarged prostate, and an extremely distended bladder to pancreatic level and the volume was estimated more than 5000mL.

# NDP055: A GIANT PAPILLARY TRANSITIONAL CELL CARCINOMA OF THE DISTAL THIRD URETER WITH PROLAPSE INTO BLADDER — A RARE CONDITION CAUSE BLADDER OUTLET OBSTRUCTION

Tsung-Wei Wang, Jia-Long Guo, Jyun-Yan He. *Division of Urology, Departments of Surgery, Puli Branch, Taichung Veterans General Hospital, Taiwan*

**Case Report:** A 72-year-old man was visited emergent department with the chief complaints of dysuria, frequency urination, lower abdominal distension and gross hematuria. Abdominal sonography disclosed one soft tissue lesion over bladder outlet region and right hydroureteronephrosis. Cystourethroscopy with ureteroscopy, which showed one frondlike papillary projection from right ureteric orifice was performed and biopsy was done. The pathologic examination finding was high grade transitional cell carcinoma. Further laparoscopic nephroureterectomy was performed at next admission.

Although a ureteral urothelial cell carcinoma is not rare, this case is interesting for differentiated diagnosis of low urinary tract symptoms by sonography in elderly man at emergent department.

# NDP056: NEW MULTIPULSE® LASER PROSTATECTOMY FOR BENIGN PROSTATE HYPERPLASIA: PRILIMINARY EXPERIENCE IN SHIN KONG MEMORIAL HOSPITAL

Yi-Bo Chu<sup>1</sup>, Tzu-Hsiang Wu<sup>1</sup>, Yi-Chia Lin<sup>1,2</sup>, Te-Fu Tsai<sup>1,2</sup>, Hung-En Chen<sup>1</sup>, Yi-Hung Cheng<sup>1</sup>, Guang-Dar Juang<sup>1,2</sup>, Thomas I.S. Hwang<sup>1,2</sup>. <sup>1</sup> *Division of Urology, Department of Surgery, Shin-Kong WHS Memorial Hospital, Taipei, Taiwan;* <sup>2</sup> *Department of Urology, Fu Jen Catholic University School of Medicine, Taipei, Taiwan*

**Purpose:** Transurethral resection of the prostate (TURP) is the gold standard procedure for the surgical treatment of benign prostate hyperplasia with bladder outflow obstruction, and the invention of laser modality used in TUR-P improves the outcomes and reduce the morbidity. MultiPulse® Tm+1470 laser is a new laser modality which combines Thulium:YAG 120W and Module 30W (1940nm +1470nm). We herein report the outcomes of MultiPulse® laser TUR-P for BPH in our institution.

**Materials and Methods:** From 2015 October to 2016 March, 36 patients with BPH has received MultiPulse® laser TUR-P. Demographics, size of prostate, PSA, operation time and post-op complications were collected with a retrospective medical record review. Moreover, the previous data of patients who underwent conventional TURP and Thulium or Diode laser prostatectomy in our hospital are compared.

**Results:** Among the 36 patients, the mean age was 70.2 ion time and post-op complications were collected with a retrospective medical record